

**York Local Health and Wellbeing  
Strategy 2022-2032**

# Contents

Introduction and Contexts .....	3
Foreword from the York Health and Wellbeing Board .....	4
The context for our health and wellbeing strategy .....	6
Our challenges .....	8
Our assets and strengths .....	9
How have we made this strategy? .....	10
Our Strategy: Communities, Ambitions and Goals .....	12
The strategy at a glance .....	13
Four big communities .....	14
Six big ambitions .....	16
Ten big goals .....	17
Taking it all forward .....	22
Creating the conditions to achieve our ambitions and goals .....	23
Creating the actions to deliver this plan .....	24
Working as one city to deliver .....	25
What our partners say .....	26

# Introduction and Contexts

## Foreword from the York Health and Wellbeing Board

As a group of senior leaders in health and care – clinicians, voluntary sector leaders, local authority directors, healthcare managers, elected members, leaders in public engagement – we want to thank you for taking the time to read our Joint Health and Wellbeing Strategy for York 2022-32.

We have worked together to develop this strategy because we believe **health is precious**, and we want more of it for the 200,000 people who live within our wonderful city of York.

At first glance, walking round our beautiful city might give you the impression that the job is done; we've already achieved our goal; York is already a healthy place. And we certainly can celebrate many things about the place we live. We have a strong cultural heritage, beautiful buildings, green spaces, good community roots, a thriving voluntary sector, and higher rates of physical activity and other things which keep people healthy. York certainly is **a city full of health assets and strengths**.

But we still have plenty of health needs and challenges, and some stark inequalities. Some may say that York is a city in 'good health', but this is certainly not the full story. In reality:

- Our 'good health' is not evenly distributed  
*We know that in York, the 2010s were a 'lost decade', in which improvements in life expectancy stalled and where – in the more deprived areas of York – people are dying earlier than they should*
- Our 'good health' is not best health  
*We know that York's overall health outcomes, compared to our regional neighbours, often look good, but compared nationally are average: for example, York ranks 45<sup>th</sup> out of 152 local authorities on male life expectancy at birth and 76<sup>th</sup> on female mortality from preventable causes. The 2019 ONS Health Index ranked York the 119<sup>th</sup> most healthy area out of 307 local authorities.*
- Our 'good health' hides uneven health  
*We know that there are several areas of longstanding concern for the city's health, where we don't do as well as our affluence would indicate: for instance more people are admitted to hospital with alcohol-related conditions or after an episode of self-harm than we'd like; and demand for our mental health services is growing dramatically.*

This Strategy is all about how we bridge these gaps, and setting a framework to guide our partners over the next decade towards our vision, which is that:

**In 2032 York will be healthier, and that health will be fairer**

We all know that strategies don't, on their own, achieve anything: it's the action that results from them which makes the difference. The purpose of a strategy is so that together, we pull on all the resources at our disposal in a coordinated direction, and we do it for the long haul. That's why we've set this strategy to run over **10 years**. The things we want to influence are long-term, involving the complex web of factors in society which create health, such as education, jobs, community connection, the impact of the pandemic, economic changes, healthcare services, environmental sustainability. We won't change these things overnight.

It's also why we've kept this strategy **high-level**. There is simply no way we will be able to articulate all the thousands of actions that will be necessary to get to where we want to get in this strategy. Our real hope with this document is that it inspires, motivates and instigates action. Alongside regular and updated **action plans that we will develop** as a board, we hope that organisations, partnerships, staff and ultimately the people of York will find in this strategy a unified vision and set of goals for a healthy city, from which **they can develop their own plans and priorities**.

The Health and Wellbeing Board meet regularly, in public, to discuss the key issues in health and care and to collaborate on achieving our vision. We commit to you that through these meetings – and behind the scenes – we will work tirelessly to make the words you read in this strategy a reality.

**The York  
Health and  
Wellbeing  
Board**

City of York Council	Independent Care Group
Healthwatch York	York and Scarborough Teaching Hospitals NHS Foundation Trust
York CVS	Tees, Esk and Wear Valley NHS Foundation Trust
NHS Humber and North Yorkshire ICB	York Primary Care Networks
NHS England	
North Yorkshire Police	

## The context for our health and wellbeing strategy

We want to highlight four things as the key contexts for the Strategy:

### York's 10-year Plan

As a city, we are following a sustainable approach to developing our ambitions for the decade ahead. The goal of sustainability is to, “create and maintain conditions, under which humans and nature can exist in productive harmony, that permit fulfilling the social, economic, and other requirements of present and future generations.” or put simply - ‘Enough, for all, forever’.

This means that sustainable approaches consider the interdependencies between actions that might affect the environment, society, and the economy. To this end, three strategies have been developed to inform city-wide direction over the next decade, including the proposed devolution arrangements for North Yorkshire and York. These strategies cover health and wellbeing, economic growth and climate change. Together, we now have the health, economic and environmental goals of the city aligned, and with them the building blocks for health.



### Reforms to the Health and Care System

There are currently national reforms to the health and care system, which involve the establishment of Integrated Care Systems (ICSs) to cover every area of the country. Locally, we are working with colleagues across Humber and North Yorkshire to bring care together, increase the quality and outcomes from our health and care services, and improve population health across our region.

Much of this work will be done locally, in our York ‘place’ area, but in the context of a wider regional structure for our NHS and care partners. One key purpose of the strategy is to articulate York’s health ambitions, our priorities, our needs and the things which matter to people living in our city. Part of the job of ICSs (in fact a statutory requirement) is to listen to local places through their Joint Health and Wellbeing Strategies and respond by working with them and giving them the appropriate resources to match their local goals.

## **Poverty and the Cost-of-Living Crisis**

The Strategy is being launched during a cost-of-living crisis affecting the whole nation. We know that there will be health consequences when people are not able to afford heating, food and housing costs. Financial exclusion, fuel poverty, debt and food crisis have short term consequences, likely to affect a large number of people in the city, for instance through higher rates of hospitalisation from chronic disease such as asthma and COPD, or more people suffering mental illness due to anxiety. They also have long term consequences, leading to chronic mental health issues, adverse economic and effects and an impact on education and skills, and broad influences on community coherence. Even before this crisis, York has over 3,500 children and nearly 4,500 older people living in poverty, and over 13,000 people living in fuel poverty.

## **COVID-19 recovery**

At the time of writing this strategy, we are more than two years into a global pandemic which has had a deep impact on the health of our city. Together with the direct impact of the virus and the lives it has changed and claimed, the indirect impacts of the last two years on our physical and mental health are still emerging. It is clear that from the educational impacts of lockdown to the increased demand on mental health services and the pressures on physical health services, COVID-19 has taken a heavy toll.

This strategy is written in light of all this, and with recovery in mind. Among many things we have learnt from the pandemic, we have, positively, seen how well a city can pull together, bureaucracy be broken down, and swift action save lives. We have also seen, negatively, how underlying inequalities in society can amplify a global shock like a pandemic virus, and how, yet again, those with less in our city were more exposed and likely to suffer harm.

Our recovery efforts, and this strategy, seek to learn these lessons by emphasising collaboration, building on the assets already present in our city, and tackling the inequalities which we know also exist.

## Our challenges

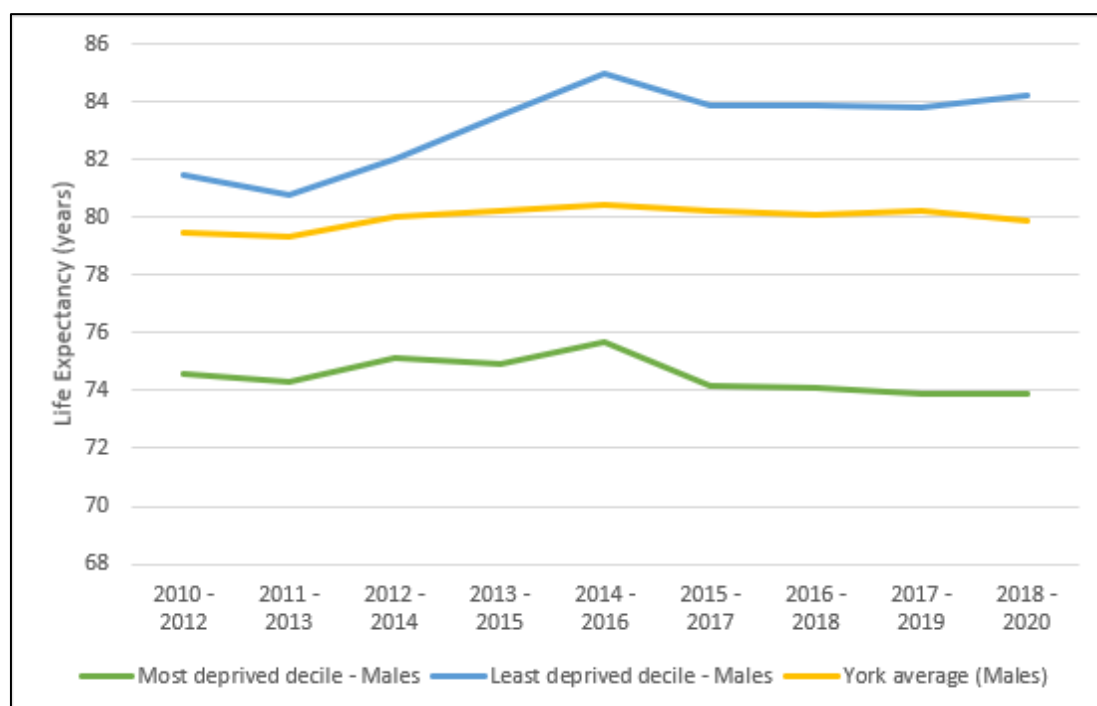
One of the Health and Wellbeing Board's key tasks is to assess and monitor the health needs of the city as a whole, and the communities within it. This means we are collecting, publishing and interpreting data on a wide range of things to do with health in the city, through the Joint Strategic Needs Assessment (JSNA), including overviews of each stage of life (Start Well, Live Well, Age Well, and Mental Health) and over twenty deeper pieces of work on specific communities.

Doing this work enables us to step back and take a broad view on the headline health challenges for the city. One of headline indicators for our health challenges is life expectancy, and it is clear that in parts of York people are dying earlier than they should, a fact which is mirrored nationally. Over the last decade there have been three clear trends.

Firstly, for all York citizens, the historical increase (seen since the Second World War) in the number of years people live has stalled.

Secondly, in the more deprived deciles of the population life expectancy declined for the first time in generations, further widening the inequalities gap (for instance in males the gap was 6.9 years in 2010 and 10.3 years in 2020 – see chart below)

Thirdly, a large gap in life expectancy is emerging between the most deprived and the least deprived 10% of the population, and the gap between the bottom 10% and the next decile up (second most deprived 10%) is larger than between any other sections of the population.





The JSNA also shows a number of areas of population health where there is either a relative need (York doesn't do so well compared to other places), or an absolute need for health improvement.

<p><b>Wider determinants of health</b></p> <p>High number of noise complaints 10% of children living in poverty Housing affordability</p>	<p><b>Widening inequality gaps</b></p> <p>Life Expectancy/Healthy Life Expectancy Health of those with a learning disability School readiness</p>
<p><b>York's 'red flags'</b></p> <p>Alcohol consumption/admissions People living with multiple complex needs Drug related death</p>	<p><b>Examples of preventable ill-health</b></p> <p>1 in 10 people smoke 2 in 3 adults overweight or obese 1 in 7 live with depression</p>
<p><b>Changing Demographics</b></p> <p>A growing and ageing population Projected growth in healthcare use:</p> <ul style="list-style-type: none"> <li>• 4% increase in hospital use (annually)</li> <li>• 10% increase in social care (over 5yrs)</li> <li>• 2.5% increase in GP use (over 5yrs)</li> </ul>	<p><b>Mental Health</b></p> <p>Under 18s admissions for mental illness High prevalence of some mental illness High suicide and self-harm rate Student mental health</p>

## Our assets and strengths

Whilst we need to understand our health challenges, in York our approach has also been to focus on what's strong, not what's wrong. We take a strengths-based approach which sees people as valuable, not vulnerable, and recognises that everyone has gifts, talents and skills, which empower people as active citizens and gives them hope, rather than simply being a passive recipient of services. Work which has been developed in the city over the last decade such as local area coordination or social prescribing changes the relationship between statutory services and citizens and communities, by enabling our staff and practitioners to build up a trusted relationship with a person to find out about their skills and gifts, and focus on people's goals and resources, rather than their problems.

This extends to seeing our city as full of assets to use for health. For instance, we could highlight our thriving voluntary and community sector with over 300 organisational members of our Centre for Voluntary Services (CVS); or we could highlight that the average distance to green space in York is around a third of a kilometre, versus a national average distance of a whole kilometre.

## How have we made this strategy?

As part of developing this strategy we have tried to listen both to citizens of our city and to health and social care colleagues.

One way we did this was by facilitating local community groups to host conversations with people and ask them a very simple question:

*What helps you to live a happy and healthy life?*

We collected this information on what helps people to live a happy and healthy life; about health, care and support services; about local communities and our city; what is working well already and what needs to change. The feedback to this exercise has been integrated throughout this strategy and shapes it in its broadest sense.



Having digested this work, the Health and Wellbeing Board also held a workshop to look at our Joint Strategic Needs Assessment and what it was telling us about the health and care needs of the York population. They also looked at existing strategies, frameworks and partnerships in York, mindful of the fact that the Board itself will not be able to deliver our aspirations on its own, and we need the help of the rich tapestry of partnership groups and collaboratives in the city to pull with us towards the outcomes we want to achieve.



Consideration was also given to reports from Healthwatch York, whose job it is to represent the voice of the citizen on the Health and Wellbeing Board. These provided us with quality information on areas of health and social care residents have raised concerns about.

Once some draft principles for this strategy were established, we commenced a process of public consultation, including a public Health and Wellbeing Board, and 'Our Big Conversation: strategy consultation', together with the Economic and Climate Change Strategies.

What has emerged from this is a strategy which focuses on:

**Our four big communities** These are the who; a description of four key groups in our population and how good health is built up over the life course

**Our six big ambitions** This is the what: the dreams we have for the type of healthy city we want to be

**Our ten big goals** This is the how: the measurable, tangible improvements in health outcomes we want to see for our population

# Our Strategy: Communities, Ambitions and Goals

# YORK HEALTH AND WELLBEING STRATEGY AT A GLANCE

## One Big Vision

In 2032, York will be healthier, and that health will be fairer

## Four Big Communities

York's children have **the best possible start** in life

York's **adults** have equal access to things which produce health

All connected together through families, geographies and communities

York's older adults flourish in an **age friendly city**

Whenever they reach the **end of life**, people in York die well

## Six Big Ambitions

Become a health-generating city

Make good health more equal across the city

Prevent now to avoid later harm

Start good health and wellbeing young

Work to make York a mentally healthy city

Build a collaborative health and care system

## Ten Big Goals

Overarching: gap in Healthy Life Expectancy

Mental wellbeing

Smoking

Healthy Weight

Suicide / Self harm

Physical activity

Alcohol

Inequality groups

Diagnosis gaps

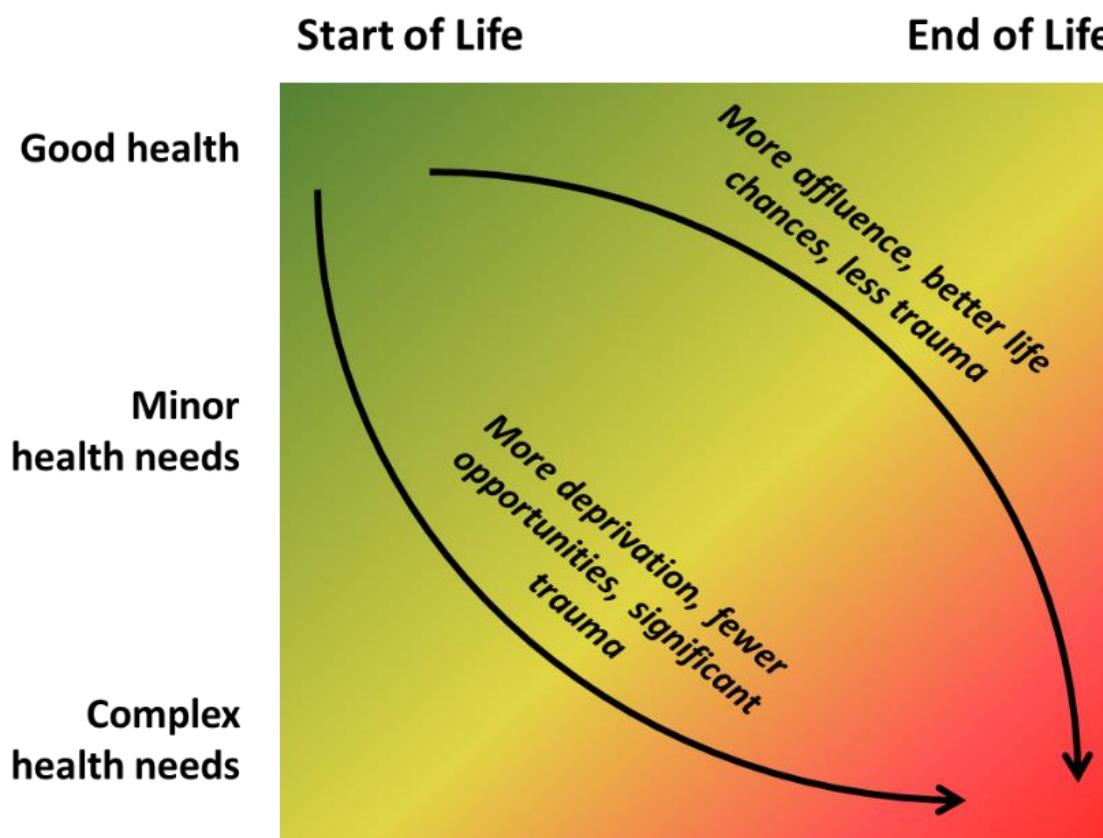
Social connection

## Four big communities

Through this strategy we want to improve health for all in York, as seen through the lens of the four big communities within York, our four stages of life.

Since the work of Michael Marmot in the first decade of the century, the concept of the 'life course' has become familiar. Central to it is the concept that disadvantage starts before birth and accumulates throughout life, with a person's health (or the health of a population group) being the sum of all the health advantages or disadvantages it's members have been exposed to. Rather than framing health as an individual's responsibility – a consequence of their 'choices' – it recognises that health is created by the conditions which surround us; the conditions we experienced even before birth, and during childhood especially, shape our abilities to live healthily as adults, to age healthily in our later years, and to die well.

The journey of life takes us from young to old, and inevitably it takes us from good health to complex health needs and eventually death. However as shown by this graphic, when looking at the population as a whole we are all on the same journey, but not all take the same route:



So in York, we want our citizens to experience the best health possible in all four stages of life:

### **START WELL**

*York's children have the best possible start in life*

### **LIVE WELL**

*York's adults have equal access to things which produce health*

### **AGE WELL**

*York's older adults flourish in an age friendly city*

### **END LIFE WELL**

*Whenever they reach the end of life, people in York die well*

Crucially, whilst people are generally in just one of these stages at a time, they are all connected through families, geographies and communities. The health of our mothers in York will affect the health of our babies; the health of our teachers will affect our pupils; the health of our volunteers will affect those receiving help; the health of older people on a street in Tang Hall will affect the health of younger people on the same street; the health of carers will affect the health of those who they care for; the health of communities and organisations will affect all who participate in them. It's all connected.

We will use this concept of the 'life course' to structure our meetings as a health and wellbeing board, for instances in the reports we commission and discuss. It will ensure we don't leave anyone out of the conversation.

## Six big ambitions

This leads us on to the six big ambitions of our strategy, which will drive the work of the Health and Wellbeing Board and its partners. These phrases came out loud and clear in the engagement work we developed, and we hope they set the standard for all changes and developments in health services and beyond in the city over the next decade.

**BECOME A HEALTH-GENERATING CITY**, where our starting point is that strong and supportive communities are the best medicine, where we build on the strengths of our people, and give our citizens the best possible chance of staying healthy, especially through three key building blocks of health: good housing, jobs and education

**MAKE GOOD HEALTH MORE EQUAL ACROSS THE CITY**, recognising that people in the poorest areas of York die ten years earlier than those in the richest areas, and to address this we need to deliver our services scaled at a level proportionate to people's need, and thereby reduce health inequalities

**PREVENT NOW TO AVOID LATER HARM**, acknowledging that two thirds of the gap in healthy life expectancy in York comes from preventable diseases, and therefore ensuring that prevention is in the job description of all health and care staff in the city in order to bring healthy lifestyles within reach of all our residents

**START GOOD HEALTH AND WELLBEING YOUNG**, giving special emphasis to the key formative early years of life as the best place our investment can go, creating from maternal/preconception health and beyond the conditions for our families, communities and young people to live healthy and flourishing lives

**WORK TO MAKE YORK A MENTALLY HEALTHY CITY**, ensuring that mental health and wellbeing is given the same attention as physical health, investing in the things which keep people happy and connected, and working together to support people quickly when they need it

**BUILD A COLLABORATIVE HEALTH AND CARE SYSTEM** with fewer dividing lines between organisations, creating a local culture of integration built by engaged and valued staff who listen to (and involve) our citizens, so that our care can be accessed by all, and is compassionate, high quality, financially and environmentally sustainable



## Ten big goals

Now we have described our communities and the ambitions we have for a healthy York, we want to set out some clear goals for this strategy – things we can measure, things which are ambitious, things which if we achieved them would mean our city truly has become healthier and fairer over the next ten years.

So we have chosen ten goals which draw upon the things which people have told us in our engagement work they want to see, and on the strengths and challenges we have identified through our JSNA process. They are not a comprehensive list of all that needs to change over the next decade, but they represent some of the most important areas that lead to early illness and death in the city, and therefore feel like the things we need to focus our minds on.

### **1 OVERARCHING GOAL: Reduce the gap in healthy life expectancy between the richest and poorest communities in York**

*Why?:* Public health experts the world over tell us that the best measure of the health and fairness of a local population is the gap between the number of years lived in good health for its richest and poorest communities. When that gap is narrower, communities enjoy greater trust and cohesion, better overall physical and mental health, and are more sustainable – i.e. everyone benefits. Currently in York, the life expectancy difference between wards is a stark 10 years for men and 6 years for women (2015-19 data). Older data suggesting *healthy* life expectancy differences are above a decade for both men and women.

*This is the ultimate goal we are trying to reach for our population, but it will only be met if the other goals are too.*

### **2 Support more people to live with good mental health, reducing anxiety scores and increasing happiness scores by 5%**

*Why?:* As well as ensuring the city has good mental health services to respond to illness, we want to raise the overall level of mental *health* in the city through community assets (e.g. green spaces, community connections), creating a happier population in 2032 than now. The Office for National

Statistics measures four dimensions of wellbeing, and we have chosen two of them: one where we do worse than the national average (in 2020/21, 27.1% of York residents had a high anxiety score vs 24.2% nationally) and one where we do better (in the same year, 8.8% of York residents had a low happiness score vs 9.2% nationally).

### **3 Bring smoking rates down below 5% for all population groups**

*Why?* Smoking is the leading preventable cause of death in York, and one in every two people who smoke will die because of tobacco-related causes such as heart disease, cancer, and respiratory illness. There are still more than 20,000 smokers in the city – more than 1 in 10 people – and whilst rates have fallen over the last decade, this has mainly been in our more affluent population, meaning smoking prevalence is higher in routine and manual occupations (1 in 6 people), as well as those with a mental health problem (1 in 3) and opiate users (1 in 2). So our local approach to tobacco control sets an ambition to halve the number of people who smoke by preventing and supporting smokers to quit, and crucially we want to see this across all groups in the city, closing the gap.

### **4 Reduce from over 20% to 15% the proportion of York residents drinking above the Chief Medical Officer's alcohol guidelines (no more than 14 units a week)**

*Why?* Alcohol is widely available and consumed by the majority of adults in England; however its harms are often under-appreciated. It is estimated that nearly 600,000 people need speciality treatment for alcohol dependency every year, and alcohol consumption leads to nearly 25,000 deaths. Drinking at lower levels still causes harm, including liver disease, a number of types of cancer, and increased risk of cardiovascular conditions. Whilst there may be no safe level of drinking, the Chief Medical Officer advises adults drink no more than 14 units a week; however that is not the case for over 1 in 5 adults in York (21.7%), with over 1,000 residents admitted to hospital for alcohol-specific conditions in 2020/21. To decrease the population-level harm of alcohol

by reducing the proportion drinking over 14 units to 15%, we need to work on the availability of alcohol, the social norms around its use, and support people to manage down drinking levels and choose alternatives. This will also have positive effects on our city life through, for instance, reducing the amount of crime, accidents and anti-social behaviour linked to alcohol.

## **5 Reverse the rise in the number of children and adults living with an unhealthy weight**

*Why?* Every year, more people nationally are over a healthy weight, and York is no exception. Being overweight or obese has been shown to affect virtually all bodily systems, raising the risk of mental health problems, Type 2 diabetes, stroke, cardiac conditions, cancer, asthma amongst others. In York, over 1 in 5 reception-aged children, 1 in 3 year six children and nearly 2 in 3 adults are overweight. Rates of children over a healthy weight double in primary school, increase with deprivation, and have risen year on year over the last decade. These trends are driven by complex factors: for instance the commercial determinants of health (e.g. marketing), by our food systems, and by trends in the way we travel and move about in daily life. As an indicator which is worsening, our goal is to reverse this trend, and change the direction of travel on weight for both children and adults; this also includes supporting work to help people with an eating disorder achieve and maintain a healthy weight.

## **6 Reduce health inequalities in specific groups: people with a severe mental illness, a learning disability, those from an ethnic minority or a marginalised group, and gender inequalities in health**

*Why?* We know that certain groups experience radically worse health outcomes. Sixty-three percent of people with learning disabilities die before reaching the age of 65, compared to 15 percent in the general population, and in York you are four times more likely to die before the age of 75 if you have a severe mental illness. There are inequalities experienced in health and healthcare if you are from an ethnic minority in

the city, and the health outcomes of people in marginalised groups within our community are worse too, for instance those from Gypsy, Roma or Traveller backgrounds, those who are new migrants, who are homeless or who use substances. We aspire to build proactive and inclusive services which will level off health inequalities for these groups.

## **7 Reduce both the suicide rate and the self-harm rate in the city by 20%**

*Why?* Death by suicide is a tragedy which affects so many people. Between 2018 and 2020, 70 people died by suicide in York, continuing a trend seen for a number of years of higher rates locally than the regional average. Males are four times more likely to die than females, and whilst complex reasons lie behind every death, there is a clear correlation with deprivation. In 2020/21 there were over 400 hospital admissions for self-harm in the city, with half of them in people aged 10-24. A large amount of human distress lies behind this data, and we want to work together to create the kind of mentally healthy city in which these trends are reversed.

## **8 Improve diagnosis gaps in dementia, diabetes and high blood pressure to above the national average, and detect cancer at an earlier stage**

*Why?* The early detection of long term conditions gets people treatment faster, avoids illness and saves lives. In York, we see some large delays in diagnosis: for dementia, only 53% of the population estimated to be living with the condition have a diagnosis; for diabetes it's 71%, and for high blood pressure across the Vale of York area it's 60%. All of these rates are worse than national and regional comparators. For cancer, over 400 people in the Vale of York area diagnosed with the disease presented with their first symptoms in A+E in 2020/21 – a sign that earlier detection was needed. Through things like blood pressure checks, screening, and NHS Healthchecks, we hope to close these diagnosis gaps.

## **9 Reduce sedentary behaviour, so that 4 in every 5 adults in York are physically active**

*Why?* York has consistently been one of the most active cities in the country. Around 70% of adults are classed as 'active', which means meeting the Chief Medical Officer guidelines of 150 minutes physical activity per week. But this leaves many who are not meeting these guidelines – probably over 40,000 people – with national research showing a higher likelihood of being inactive if you have a disability or long term health condition, are from an ethnically diverse community, or are female. Activity levels also decline with age, and have declined dramatically during the COVID-19 pandemic. The more we move the greater we benefit, and it is often said by medical practitioners, if physical activity were a pill it would be the most prescribed drug on the market. We think we can go further and get 4 in 5 adults in the city classed as physically active by 2032.

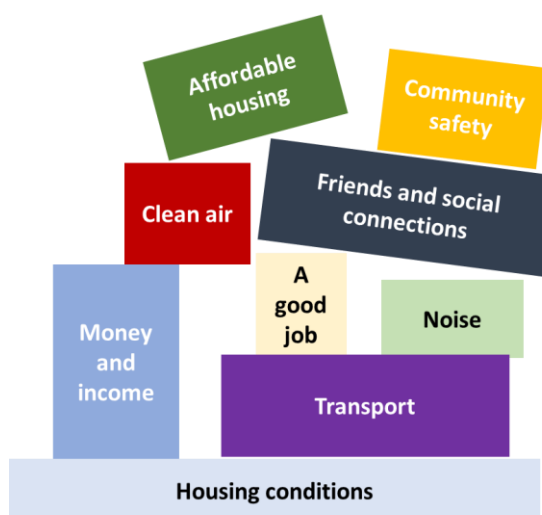
## **10 Reduce the proportion of adults who report feeling lonely from 25% to 20% of our population**

*Why?* Loneliness has been described as 'the feeling we get when our need for rewarding social contact and relationships is not met'. It can happen at any stage in life, and in response to a national survey in 2020 25.7% of York residents reported that they feel lonely often/always or some of the time. We also know that only 2 in 5 adult social care users in York had as much social contact as they would like, and this number is similar for adult carers too, whether under or over 65. This is a larger problem in York than elsewhere, with our loneliness figures the third worst in the region. This is a problem which cannot be solved by medicine, and requires a community response, as the health effects of loneliness have been shown to significantly increase the risk of disease and premature death.

Taking it all forward

## Creating the conditions to achieve our ambitions and goals

The building blocks of health, also known as the wider determinants of health, are a diverse range of social, economic and environmental factors which impact on people's health. Such factors are influenced by the local, national and international distribution of power and resources which shape the conditions of daily life. They determine the extent to which different individuals have the physical, social and personal resources to identify and achieve goals, meet their needs and deal with changes to their circumstances.



Adapted from 'How to talk about the building blocks of health', Health Foundation 2022

These building blocks are unevenly distributed. They are the 'causes of the causes' of health outcomes and health inequalities. We propose to create the conditions for health through all three of our city strategies, and the interdependencies between them are crucial.

Some examples of how the [Health and Wellbeing Strategy](#), the [Economic Strategy](#) and the [Climate Change Strategy](#) all reinforce one another are shown below:

an inclusive economy ... so that prosperity benefits everyone in the city  
increasing social connection ... to maximise the potential of our citizens  
attracting green jobs ... driving down carbon emissions and pollution  
sustainable food systems ... so that healthy food is accessible and affordable  
improving transport options ... to support active travel and a fitter population  
cleaner air ... leading to a reduction in respiratory disease  
a healthy workforce .... Leading to more economic productivity  
inclusion of all ... including those living with a disability  
a cleaner NHS ... reducing the estimated 7% of UK CO2 coming from healthcare  
net zero carbon by 2030 ... improving air quality and heat-related illness  
high quality health and care ... getting people back into thriving work  
building liveable attractive public spaces ... by planting more trees  
climate resilience ... to protect businesses and health against heat/drought/flood  
more high-quality jobs .... Leading to better mental health and wellbeing

## Creating the actions to deliver this plan

This strategy deliberately doesn't contain a detailed action plan. As a 10-year strategy, we needed to set out a framework for our work and our aspirations which could last the distance, and be relevant across the next decade, with the many changes in national, regional and local circumstances which may occur.

So, following the publication of this strategy, we will work together as a Board to write two key documents:

- **An outcomes framework**, which will go into further detail about how we will measure and know we are making progress on the 6 ambitions and 10 goals
- **An action plan**, which will need to be refreshed a number of times over the life of this strategy, and which will set out the next set of actions the Board and its partners need to undertake to keep us on track to meet the goals and ambitions. These actions will need to be specific, assigned to key leaders in the system to own, to be achievable within our limited resources, and to align with current work programmes and priorities within, for instance the NHS.



## Working as one city to deliver

The Health and Wellbeing Board will oversee this Strategy, but it will only be successful by influencing the actions of a wide range of partners across the city. To illustrate how all the pieces of the puzzle fit together, here are some of the roles we think the different parts of our local system will need to play over the next 10 years:

### **York Health and Wellbeing Board**

- Act as a public forum for engagement with this strategy
- Provide leadership and direction to the system, influencing and advocating for these ambitions and goals to be embedded in operational plans
- Hold organisations, including Integrated Care Systems, to account on how they are delivering the priorities of the York Strategy

### **Health and Care Organisations**

- Co-produce plans for service change with service users and people with lived experience,
- Provide and commission services which support the six 'Big Ambitions' of the York Health and Wellbeing Strategy
- In particular, lead on the sixth ambition to 'build a collaborative health and care system'

### **Other Partnership Groups**

- Take ownership on aspects of work needed to deliver the York Health and Wellbeing Strategy, for instance around mental health
- Create plans and strategies which help achieve the ten 'Big Goals' York Health and Wellbeing Strategy
- Promote partnerships wherever possible, working as one organisation for York

### **Communities and People**

- Participate in the public work of the Health and Wellbeing Board, and hold organisations to a high standard on quality and equality
- Take ownership and responsibility for promoting community health and wellbeing
- Support vulnerable members of the community to be healthy and have strong social connections
- Make best use of community assets and leadership to create local solutions

## What our partners say

To illustrate how this might work, we asked each member of the Health and Wellbeing Board to give examples of how they and their organisation will be supporting this strategy. This is what they said.

York CVS will contribute to reducing the gap in healthy life expectancy between the richest and poorest communities in York by working with others in the health and care system, including the Voluntary and Community Sector and people in York to identify actions that will give those living in the poorest communities the opportunities and support needed to live longer and healthier lives.

York Centre for Voluntary Services

We will support the strategy through the delivery of our Police and Crime Plan, working jointly as a trusted partner to prevent harm and damage, intervening early to solve problems. For example, our interventions with members of the public who are suffering from alcohol abuse, poor mental health, or a child at risk will take a holistic approach to prevention, early intervention and a whole systems approach with partners to improve their health and wellbeing and the longer-term opportunities to live a happier and healthier life.

North Yorkshire Police

We will deliver high quality care to our population, for example tackling health inequalities through annual Learning Disability Health Checks and Health Action Plans, working on Cardiovascular Disease by identifying and managing more patients with high blood pressure, personalising care with PCN's and their Social Prescribing Link Workers referring more patients into wider Community based and Voluntary Sector services, through proactive care planning to provide effective long-term condition management, and improve access to services

Humber and North Yorkshire Health and Care Partnership

Children Services will develop an integrated psychologically informed approach to improve our support to young people who experience early childhood trauma and/or neurodiversity.

City of York Council

We will support the strategy by continuing to work with local people and partners in primary care, secondary care, voluntary and community sectors to develop and transform local community mental health support. The Trust will build on initiatives that support people to receive the right care as quickly and as close to home as possible, which includes having dedicated mental health practitioners in GP surgeries. In addition, we will continue to co-create our services with our patients, carers, and local communities. We are one of the first NHS trusts in the country to appoint two lived experience directors who will play a key part in this, by ensuring experienced voices are heard at all levels of the organisation.

Tees, Esk and Wear Valleys NHS Foundation Trust

We will work alongside colleagues in York CVS to consider ways to support the health and wellbeing of our staff teams; we will work alongside partners to encourage more people to get involved in shaping the future of our city and raising awareness of opportunities to do this and we will work alongside our community, using our platform to amplify their voices and share what really matters to them.

Healthwatch York

As a key institution in the city, and a major employer of York citizens, we commit to taking this Health and Wellbeing Strategy to our Executive Board for adoption and development of a Trust response

York and Scarborough Teaching Hospitals NHS Foundation Trust

The 10 goals of this strategy run right through the work of our public health department, and we will align all our work to it, whether it is helping people quit smoking, building healthy housing policy, or protecting the city from communicable disease.

Director of Public Health